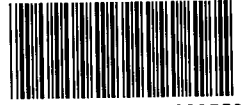




UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

ORIGINAL



SDMS DocID

2208550

MAR 11 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

William E. Lynch, CEO
Safety Light Corporation
4150 A Old Berwick Rd.
Bloomsburg, PA 17815

Re: Safety Light Corporation Site

Dear Mr. Lynch:

The purpose of this letter is to obtain certain information regarding Safety Light Corporation, (hereinafter referred to as "Safety Light") in connection with the Safety Light Corporation Site.

As you know, EPA is seeking information relating to Safety Light's ability to pay for or to perform a cleanup at the above referenced Site. In order to complete an investigation, EPA requires that Safety Light respond fully and completely to the following items:

INSTRUCTIONS

If asserting a business confidentiality claim on information submitted in response to this request, please clearly mark such information by either stamping or using any other such form of notice that such information is trade secret, proprietary, or company confidential.

Within ten (10) business days of receipt of this letter, Safety Light is to answer the questions relevant to its financial status and within thirty (30) business days of receipt of this letter Safety Light must substantiate all data provided. This substantiation includes, but is not limited to, copies of United States tax returns, schedules, audit reports (including, but not limited to forms 1120, 990, 990PF and 990AR) for the tax years 2010 through 2014, inclusive.



INFORMATION REQUESTED

1. Business phone number
2. Type of business (e.g., manufacturing, charitable, etc.) and the state of incorporation
3. Type of entity (e.g., corporation, partnership, sole proprietorship, private foundation . . . etc.), date and state of incorporation (if applicable)
4. Information about owners, partners, officers, major shareholders, directors, etc.
 - a. Names and titles
 - b. Effective date
 - c. Home address
 - d. Phone number
 - e. Social Security Number
 - f. Total Shares or Interest
5. Latest filed income tax return
 - a. Form number (e.g., 1120, 990, 990PF, etc.)
 - b. Tax year ended
 - c. Net income before taxes
6. Bank accounts (include all types of accounts such as payroll and general, savings, certificates of deposits, etc.)
 - a. Name of institution
 - b. Address
 - c. Type of account
 - d. Account number
 - e. Balance
7. Bank Credit Available (line of credit, etc.)
 - a. Name of institution
 - b. Address
 - c. Credit limit
 - d. Amount owed
 - e. Credit available
 - f. Monthly payments
8. Location, box number, and contents of all safe deposit boxes rented or



accessed

9. A description of and statement of type of ownership, including the county and state, of any real property owned by Safety Light
10. A list of life insurance policies or pollution insurance policies owned with Safety Light listed as a beneficiary
 - a. Names of insured
 - b. Company
 - c. Policy number
 - d. Type
 - e. Face amount
 - f. Available loan value
11. Additional information regarding financial condition
 - a. The docket numbers and names of any court proceedings Safety Light or any of its subsidiaries is currently involved in
 - b. The docket number, dates, and chapter of any bankruptcies filed by Safety Light or any of its subsidiaries
 - c. Were any assets transferred, at less than full value, by Safety Light in the past five years?
 - d. Does Safety Light participate in any trusts, estates, profit-sharing plans, etc.?
 - e. Has Safety Light disposed of any real property within the past three years? If so, list the selling price, identify the entity that the property was transferred to and identify the recipient of the proceeds.
12. Accounts/notes receivable of Safety Light including loans to stockholders, officers, partners, etc.
 - a. Name
 - b. Address
 - c. Amount due
 - d. Date due
 - e. Status
13. An analysis of Safety Light's current assets and liabilities to include:
 - a. Current cash on hand
 - b. Current bank account amounts

- c. The amounts of accounts/notes receivable (from paragraph 12) and a list and the amounts of stocks, bonds and other investments
- d. Real Property (from paragraph 9)
 - 1. Current market value
 - 2. Balances due
 - 3. Equity
 - 4. Amount of monthly payment
 - 5. Name and address of lien/note holder/obligee
 - 6. Date pledged
 - 7. Date of final payment
- e. Vehicles (models, year, tag numbers and the State of registration)
 - 1. Current market value
 - 2. Balances due
 - 3. Equity
 - 4. Amount of monthly payment
 - 5. Name and address of lien/note holder/obligee
 - 6. Date pledged
 - 7. Date of final payment
- f. Machinery and equipment (specify type, model number, etc.)
 - 1. Current market value
 - 2. Balance due
 - 3. Equity
 - 4. Amount of monthly payment
 - 5. Name and address of lien/note holder/obligee
- g. Merchandise Inventory (specify)
 - 1. Current market value
 - 2. Balance due
 - 3. Equity
 - 4. Amount of monthly payment
 - 5. Name and address of lien/note holder/obligee
- h. Other assets (specify)
 - 1. Current market value
 - 2. Balance due
 - 3. Equity
 - 4. Amount of monthly payment

5. Name and address of lien/note holder/obligee
6. Description

i. Liabilities (include notes and judgments)

1. Current balance due
2. Amount of monthly payment
3. Name and address of lien/note holder/obligee
4. Date pledged
5. Date of final payment

14. Current Income (on a monthly basis)

- a. Gross receipts from sales, services, etc.
- b. Gross rental income
- c. Interest
- d. Dividends
- e. Other income (specify)

15. Current Expenses (on a monthly basis)

- a. Materials purchased
- b. Net wages and salaries
- c. Rent
- d. Installment payments
- e. Supplies
- f. Utilities/telephone
- g. Gasoline/oil/fuel/(vehicles)
- h. Repairs and maintenance
- i. Insurance
- j. Current taxes
- k. Other (specify)

16. If Safety Light has any information about other parties who may have information which may assist the Agency in its investigation of the Site or who may be responsible for the generation of, transportation to, or release of contamination at the Site, and such information has not been previously provided to EPA, please provide such information. The information Safety Light provides in response to this request should include the party's name, address, type of business, and the reasons why Safety Light believes the party may have contributed to the contamination at the Site or may have information regarding the Site.

If there is no new information relating to this request for insurance information, please provide a list of insurance policies relating to the property associated with the Site and address the following requested information:

17. Provide copies of all property, casualty and/or liability insurance policies, and any other insurance contracts referencing the site or facility (including, but not limited to, Environmental Impairment Liability, Pollution Legal Liability, Cleanup Cost Cap or Stop Loss Policies, Institutional Controls and Post Remediation Care Insurance).
18. To the extent not provided in Question 17 above, provide copies of all insurance policies that may potentially provide Safety Light with insurance for bodily injury or property damage in connection with the Site and/or Safety Light's business operations (including, but not limited to, Comprehensive General Liability). Include, without limitation, all primary, excess, and umbrella policies.
19. If there are any such policies from Questions 17 or 18 above of which you are aware but have no copies, identify each such policy to the best of your ability by identifying:
 - a. The name and address of each insurer and of the insured;
 - b. The type of policy and policy numbers;
 - c. The per occurrence policy limits of each policy; and
 - d. The effective dates for each policy.
20. Identify all insurance brokers or agents who placed insurance for Safety Light at any time during the period being investigated as identified in Question 18 and identify the time period during which such broker or agent acted in this regard.
21. Identify all communications and provide all documents that evidence, refer, or relate to claims made by or on behalf of Safety Light under any insurance policy in connection with the Site. Include any responses from the insurer with respect to any claims.
22. Identify any previous settlements with any insurer in connection with the Site, or for any claims for environmental liabilities during the time period in question. Include any policies surrendered or cancelled by Safety Light or insurer.
23. Identify any and all insurance, accounts paid or accounting files that identify Safety Light's insurance policies.

The following three requests must be addressed:

24. Identify Safety Light's policy with respect to document retention.
25. Describe the corporate relationship and affiliation and state the name, address, telephone number, date and state of incorporation (if applicable) and nature of business of any subsidiary or business related to or affiliated with Safety Light, including, but not limited to: Metreal Corporation, USR Chemical Products, Inc., USR Lighting Products, Inc., USR Metals, Inc., USR Industries, Inc., Unatco Funding Corporation, Isolite Corporation, Shield Source Incorporated, Lime Ridge Industries, Inc., and U.S. Natural Resources, Inc.
26. For each and every corporation, partnership, business or business entity identified in response to question 26, complete a separate copy of the form attached in Appendix B to this letter titled "Financial Statement of Corporate Debtor."

Authority to require submission of this type of information has been given to EPA by Congress under Section 104(e) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended (CERCLA), 42 U.S.C. § 9604(e).

Section 104 of CERCLA, 43 U.S.C. § 9604, authorizes EPA to pursue penalties for failure to comply with that section or failure to respond adequately to required submissions of information. In addition, providing false, fictitious or fraudulent statements or representations may subject Safety Light to criminal penalties under 18 U.S.C. § 1001. The information Safety Light provides may be used by EPA in administrative, civil, or criminal proceedings.

Safety Light is entitled to assert a claim of business confidentiality covering all or any part of the submitted information, in the manner described in 40 C.F.R. § 2.203(b). Information subject to a claim of business confidentiality will be made available to the public only in accordance with the procedures set forth in 40 C.F.R. Part 2, Subpart B. If a claim of business confidentiality is not asserted at the time the required information is submitted to EPA, EPA may make this information available to the public without further notice to Safety Light. Further, if for any reason Safety Light does not provide all information responsive to this letter, in its answer to EPA it must: (1) describe specifically what was not provided, (2) supply to EPA a clear identification of the document(s) not provided, and (3) provide to EPA an appropriate reason why the document(s) was not provided.

EPA may contract with one or more independent contracting firms (see attached list of EPA contractors and cooperative agreement grantees) to review the documentation, including documents which Safety Light claims are confidential business information ("CBI"), which it submits in response to this information request, depending on available agency resources. Additionally, EPA may provide access to this information to (an) individual(s) working under (a).

cooperative agreement(s) under the Senior Environmental Employment Program (SEE Enrollees). The SEE program was authorized by the Environmental Programs Assistance Act of 1984 (Pub. L. 98-313). The contractor(s) and/or SEE Enrollee(s) will be filing, organizing, analyzing and/or summarizing the information for agency personnel. The contractors have signed a contract with EPA that contains a confidentiality clause with respect to CBI that they handle for EPA. The SEE Enrollee(s) is working under a cooperative agreement that contains a provision concerning the treatment and safeguarding of CBI. The individual SEE enrollee has also signed a confidentiality agreement regarding treatment of CBI. Pursuant to CERCLA, 42 U.S.C. § 9604(e)(7), and EPA's regulations at 40 C.F.R. § 2.310(h), EPA may share such CBI with EPA's authorized representatives which include contractors and cooperators under the Environmental Programs Assistance Act of 1984. (See 58 Fed. Reg. 7187 (1993)). If Safety Light has any objection to disclosure by EPA of documents which it claims are CBI to any or all of the entities listed in the attachment, Safety Light must notify EPA in writing at the time it submits such documents.

This required submission of information is not subject to the approval requirements under the Paperwork Reduction Act of 1980, 44 U.S.C. § 3501 et seq.

We appreciate and look forward to Safety Light's prompt response to this letter. Any questions Safety Light may have regarding the current status of this Site in the Superfund process can be directed to Mitch Cron, the site Remedial Project Manager at 215/814-3286.

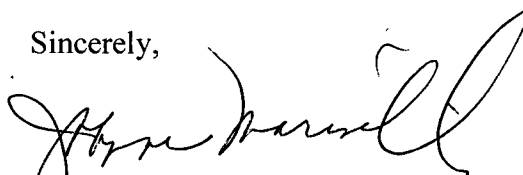
If, for a particular reason, Safety Light is hesitant to answer this letter because it is concerned about public disclosure of its name in connection with the information it is required to submit, please clearly advise EPA in the response that you request confidential treatment of Safety Light's identity. EPA cannot guarantee confidentiality and does not encourage such a request, but we recognize that it may be appropriate in certain instances. In the event that Safety Light does request confidential treatment of its identity, EPA will evaluate whether such confidential treatment is warranted in this case. Please do not request confidential treatment of your identity unless you believe it is necessary.

All documents and information should be sent to:

Harry R. Steinmetz (3HS62)
U.S. Environmental Protection Agency
1650 Arch Street
Philadelphia, PA 19103

If you have any questions, please feel free to contact Mr. Steinmetz at 215/814-3161. Legal questions can be directed to either attorney assigned to this site, namely, Humane Zia at 215/814-3454 or Jefferie Garcia at 215/814-2697.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Marinelli', written in a cursive style.

Joanne Marinelli, Chief
Cost Recovery Branch

Enclosure

cc: Humane Zia (3RC41)
Jefferie Garcia (3RC42)
Mitch Cron (3HS22)
Noreen Wagner (PADEP)

List of Contractors That May Review Your Response

Emergint Technologies, Inc.

Contract # EP-W-11-025

Subcontractor: Booz-Allen & Hamilton

Booz-Allen & Hamilton

Contract # EP-W-11-016

CDM-Federal Programs Corporation

Contract # EP-S3-07-06

Subcontractors: CDI-Infrastructure, LLC d/b/a L.R.
Kimball
Avatar Environmental LLC
Terradon Corporation

Cherokee Nation Assurance, LLC

Contract #EP-S3-14-01

EA Engineering, Science and Technology, Inc.

Contract #EP-S3-07-07

Subcontractor: URS

Eisenstein Malanchuck, LLP

Contract #EP-W-13-006

Subcontractors: R. M. Fields International, LLC

Hydrogeologic (HGL)

Contract #EP-S3-07-05

Subcontractor: CH2MHill
Sullivan International

Weston Solutions

Contract #EP-S3-1005

Tech Law, Inc. (Removal Program)

Contract #EP-S3-1004

Tetra Tech NUS, Inc.

Contract #EP-S3-07-04

Kemron Environmental Services, Inc.

Contract #EP-S3-12-01,

Subcontractor: AECOM Technical Services, Inc.

Guardian Environmental Services Company, Inc.

Contract #EP-S3-12-02,

Subcontractors: Aerotek, Inc.,
Tetra Tech, Inc.

Environmental Restoration, LLC

Contract # EP-S3-12-03

Subcontractors: Aerotek, Inc
Haas Environmental, Inc,
Hertz

WRS Infrastructure & Environment, Inc.

Contract # EP-S3-12-05

ICF International

Contract # EP-BPA-12-W-0003

Cooperative Agreements

National Association of Hispanic Elderly

CA# CQ-835398

National Older Workers Career Center

CA# Q-835621

U.S. Department of Justice
United States Attorney

Financial Statement of Corporate Debtor
(Use Additional Sheets Where Needed)

1. Name (Debtor) _____ (1-For Profit ())
Type (2-Not for Profit ())

2. Business Addresses _____
Street City State

Note: Attach schedule of all business addresses

3. Foreign _____ Domestic _____

4. State-Incorporation _____ Date-Incorporation _____
License to do business in _____

5. Name Registered Agent _____

6. Address Registered Agent _____ Phone _____

7. Names and Addresses of Principal Stockholders. Indicate the ownership of 75% of the stock of the Corporation. Number of Shares Owned by each.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

8. (A) Names and Addresses of Current Officers and Number of Shares Held by Each. Term Expires on _____)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(B) Names and Addresses of Current Members of Board of Directors. Term Expires on _____

(1) _____

(2) _____

- (3) _____
- (4) _____
- (5) _____

9. (A) Registration on National or Local Stock Exchange(s). (Give details, including date of Registration and/or delisting.)

- (1) _____
- (2) _____
- (3) _____

(B) Total authorized Shares of each type issued and present market value per share on each type of stock.

- (1) _____
- (2) _____
- (3) _____
- (4) _____

(C) Total outstanding shares of each type stock currently being held as Treasury Stock.

(D) Total outstanding shares of each type of stock. Amount of bonded debt and principal bondholders.

10. List States and Municipalities to which taxes have been paid and/or are being paid. Describe nature and amount of such taxes, state most recent year of payment thereof and whether tax payments are current.

11. Has this Corporation filed United States Corporate Income Tax Returns during the last 3 years. Yes. () No. ()
To What I.R.S. Office(s) _____
What Years? _____

Are Federal Taxes Current? Yes. () No. ()

12. Name and Address of

(a) Corporation's Independent Certified Public Accountants

(b) Corporate Attorney(s) retained by Corporation From _____ to _____

13. Does this Corporation have a Profit and Loss Statement and Balance Sheet for the most recent calendar or fiscal year and for specified past years. Past Years () () (). If (Yes) submit one copy of each. Submit audited documents if available.

14. Does this Corporation maintain bank accounts: Give names and addresses of Banks, Savings and Loan Associations, and other such entities, within the United States or located elsewhere. Indicate name and number of accounts and balances.

Balance

(A) Checking Account(s)

(B) Savings Account(s)

(C) Other Account(s)

(D) Savings & Loan Associations or Other such Entities

(E) Trust Account(s)

(F) Other Account(s)

15. List all commercial paper, negotiable or non-negotiable, in which the Corporation has any interest whatsoever, presently in transit or in the possession of any banking institution. Describe such paper and the Corporation's interest therein, and state its present location. List all accounts and loans receivable in excess of \$300 and specify if due from an officer, stockholder, or director.

16. From personal knowledge as President, Vice President, or Chairman of the Board for the last taxable year, indicate in round figures:

(A) Gross Income \$ _____

(B) Expenses (*Fixed & Current*) \$ _____

(C) Gross Profit (*or Loss*) \$ _____

(D) Net Profit After Taxes \$ _____

(E) (*List approximate totals*):

Payables: \$ _____ Receivables: \$ _____

17. Is this Corporation presently:

(A) Active
(*Answer No if inactive but still in existence*) Yes () No ()

(B) Void and/or Terminated by State authority Yes () No ()

(C) Otherwise dissolved Yes () No ()

1. Date _____

2. By whom _____

3. Reason _____

18. List corporate salaries to and/or drawings of the following personnel for the last three taxable years:

Position (<i>Inc. officers</i>)	Specify Year		
	1. (<i>Year</i>)	2. (<i>Year</i>)	3. (<i>Year</i>)
President _____			
Chairman/Board _____			
Secretary _____			
Treasurer _____			

- (B) List five most highly compensated employees or officers other than above, describe position and set forth salary and/or bonus for last three taxable years:

Specify Year			
	(Year)	(Year)	(Year)
	1.	2.	3.
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

- (C) Describe the nature of the compensation paid to the persons listed in (A) and (B) above and set forth any stock options, pensions, profit sharing, royalties, or other deferred compensation rights of said persons.

19. List Corporate commercial activity (*fields of activity resulting in income*) Prime:

1. _____

2. _____

3. _____

4. _____

20. List all other supplementary fields of activity in which this Corporation is engaged, either directly, through subsidiaries, or affiliates, stating the name(s) and state(s) of incorporation of such subsidiaries or affiliates.

21. Has this Corporation at any time been the subject of any proceeding under the provisions of any State Insolvency Law, or the Federal Bankruptcy Act, As Amended? If so, supply the following information as to each such proceeding:

(A) Date (*Commencement*) _____

(B) Date (*Termination*) _____

(C) Discharge or other disposition, if any, and operative effect thereof: _____

(D) State Court _____ Federal Court _____
County District

(E) Docket No. _____

22. (A) List all Real Estate, and Personalty of an estimated value in excess of \$500.00, owned or under contract to be purchased by this Corporation and where located:

(B) List and describe all judgments, recorded and unrecorded:

(1) Against the Corporation

(2) In favor of the Corporation

- (C) List and describe all other encumbrances against Real Estate owned by the Corporation: *(including but not limited to mortgages, recorded or unrecorded)*:

- (D) List and describe all other encumbrances *(including but not limited to Security Interest, whether perfected or not)* against any such personalty owned by the Corporation as is listed in 22(A) above.

- (E) List and describe location of Real Estate, including Real Estate being purchased under contract, with name and address of Seller and contract price:

23. List all Life insurance, now in force on any or all officers, Directors, and/or "key" employees, setting forth face amounts, names of life insurance companies and policy numbers where this Corporation has an "insurable interest," and/or is paying the premium or part of same. Where applicable indicate under which policy(s) this Corporation is a Beneficiary, type policy(s), yearly premium, and location of policy(s).

24. List all transfers of any or all assets (*Real*) or/and (*Personal*) and each (*over \$300.00*) made by this Corporation, ~~OTHER THAN~~ IN THE ORDINARY COURSE OF BUSINESS, during the last three (3) calendar years and state to whom transfer was made. Describe compensation paid by recipient and to whom.

25. Is this Corporation a party in any law suit now pending? () Yes (*Give details below.*) () No

26. Please list names and addresses of any person or other business entity, holding funds in escrow or in trust for this Corporation, or any of its subsidiaries or affiliates.

27. Additional Remarks:

28. Verification and Affidavit.

With knowledge of the penalties for false statements provided by 18 U.S. Code 1001 (*\$10,000 fine and/or 5 years imprisonment*) and with knowledge that this financial statement is submitted by me as a responsible officer of this Corporation to affect action by the U.S. Department of Justice, I hereby certify that I believe I completely understand the above statement, and that the same is a true and complete statement of all corporate income and assets, real and personal, whether held in the Corporate name or otherwise.

Date: _____

AFFIANT (*Officer*)

(*List Corporate Position*)

Age (*Next Birthday*)

NOTARY PUBLIC

My Commission Expires _____

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Product & Tracking Information

Postal Product:

Extra Svc:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
March 17, 2015 , 12:06 pm	Arrived at Unit	PHILADELPHIA, PA 19103

Your item arrived at the Post Office at 12:06 pm on March 17, 2015 in PHILADELPHIA, PA 19103.

March 15, 2015 , 2:36 am	Departed USPS Facility	PHILADELPHIA, PA 19176
March 14, 2015 , 8:45 am	Arrived at USPS Facility	PHILADELPHIA, PA 19176
March 13, 2015 , 7:53 pm	Departed USPS Facility	HARRISBURG, PA 17107
March 13, 2015 , 8:10 am	Moved, Left no Address	BLOOMSBURG, PA 17815
March 13, 2015 , 8:10 am	Arrived at Unit	BLOOMSBURG, PA 17815
March 12, 2015 , 9:08 am	Arrived at USPS Facility	HARRISBURG, PA 17107

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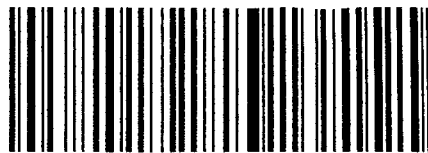
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REGION III
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PHILADELPHIA, PA 19103-2029

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03/11/2015

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\$07.40⁰⁰



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J VTR

*Mr. William E. Lynch, CEO
Safety Flight Corporation
4150 - A Old Brunswick Rd.*

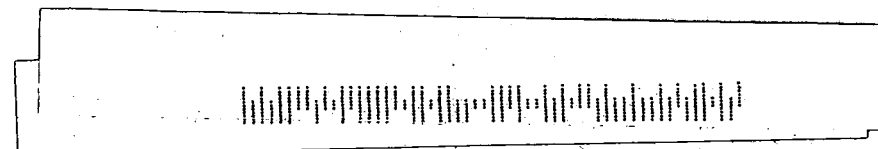
B.



RETURN
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- ☐ ATTEMPTED NOT KNOWN
- ☐ INSUFFICIENT ADDRESS
- ☐ NO MAIL RECEPTACLE
- ☐ TEMPORARILY AWAY ☐ VACANT
- ☐ NO SUCH NUMBER ☐ REFUSED
- ☐ NO SUCH STREET ☐ DECEASED
- ☐ IN DISPUTE ☐ ILLEGIBLE
- ☐ BOX CLOSED ☐ UNCLAIMED
- ☒ MENA - UNABLE TO FORWARD

MAR 17 2015



ORIGINAL

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wm. E. Lynch, CEO
 Safely Right Corporation
 4150-A Old Brunswick Rd.
 Bloomsburg, PA 17815

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

7004 2510 0004 7902 6717